MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07532

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke Rural
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY Northampton Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Exmore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Lee (Last) Abrahams

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1951

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 22 1916

9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motor Court Motion and Restaurant

10b. KIND OF BUSINESS OR INDUSTRY Cabins

11. BIRTHPLACE (State or foreign country) Norfolk Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Allen Shores

14. MOTHER'S MAIDEN NAME Not obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Harry W. Abrahams - Exmore Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH about 5 minutes

Immediate cause (a) Fracture of Skull

816X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Auto Collision with a heavy loaded truck

170 C (c) Deceased had been drinking according to report of officers.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State road (CITY OR TOWN) Smile J Pocomoke (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) July (Day) 12 (Year) 1951 (Hour) 815 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Deceased ran her car into a truck

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Dr N. E. Cartonus (Degree or title) Dep Med Exam. ADDRESS Pocomoke City Md DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 15 1951 NAME OF CEMETERY OR CREMATORY Onancock Cemt. LOCATION (City, town or county) Onancock, Va. (State)

DATE REC'D BY LOCAL REG. July 14, 1951 REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry M. Johnson, ADDRESS Parksley, Va

290 426

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07533

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; MARYLAND; LENGTH OF STAY (in this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Broad St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Franklin	Adkins	July	16	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 7, 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RET CASHIER BANK.	BANK.	Berlin Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Adkins	Anna Franklin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	216-09-7475	Mrs. G. F. Adkins Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis (chronic)	4 years.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertension	
	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1947, 19..., to 7-16-, 1951, that I last saw the deceased alive on 7-16-51, 19..., and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank R. Lewis M.D. Willards Maryland 7-19-51.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/19/51	St. Paul's	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/19/51	Helen F. Hayward	Emma B. Burbage	Berlin Md

29076

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07534

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print): (First) John; (Middle); (Last) Beckett

4. DATE OF DEATH: (Month) (Day) (Year) July 16, 1951 19

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 1, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Beckett

14. MOTHER'S MAIDEN NAME: Harriet (Bishop)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Jessie Jester-Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: Few hours

331X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) general Arteriosclerosis

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to July ....., 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. Bartrum ADDRESS Pocomoke City Md DATE SIGNED 7/17/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7/20/51

NAME OF CEMETERY OR CREMATORY: Georgetown ME Cemetery

LOCATION (City, town, or county) (State): RFD, Pocomoke, Md.

DATE REC'D BY LOCAL REG.: July 19, 1951

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Henry H. Watson

ADDRESS: Pocomoke, Md.

100105

RECEIVED
JUL 23 1951
BUREAU V. S.

07535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 820 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 820 Second St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Mary (Last) Carey

4. DATE OF DEATH (Month) July (Day) 18, (Year) 1951 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct 8 1858
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Ewell
14. MOTHER'S MAIDEN NAME Susan Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Bessie Willing, Pocomoke, Mdd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer Stomach & face

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C. Indigestion

46b (c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1912, to July 18th, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. E. Carlowes Md. ADDRESS Pocomoke City Md DATE SIGNED 7/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/21/51
NAME OF CEMETERY OR CREMATORY Salem ME Cemetery
LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. July 21, 1951
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1951
BUREAU V. S

07536

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Showell Rural #1 — LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Showell Rural #1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Olivia (Middle) G. (Last) Carey
4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 28/1887
9. AGE last birthday: 63/8/4 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Pennewell
14. MOTHER'S MAIDEN NAME: Elizabeth Wherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-24-1668
17. INFORMANT AND ADDRESS: Mrs Ida Belovics, Berlin, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 9 hr.

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular — 3 yrs

131a (c) Renal Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 July, 1951, to 2 July, 1951, that I last saw the deceased alive on 2 July, 1951, and that death occurred at 6:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hermanie Robbins M.D. — ADDRESS: Bay St. Berlin Md — DATE SIGNED: 2 July 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 3/51 — NAME OF CEMETERY OR CREMATORY: Bates Methodist — LOCATION (City, town or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG.: 7-5-51 — REGISTRAR'S SIGNATURE: Helen F Hayward — 24. FUNERAL DIRECTOR: Clay C. Dennis — ADDRESS: Snow Hill, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 9 1951
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07537

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; LENGTH OF STAY in this place: 54 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Zadok (Middle) H. (Last) Cherrix Jr.

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 25/1896

9. AGE last birthday: 54 yrs. 11 Months 28 Days; If under 1 year: Hours; If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Snow Hill Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Zadok H. Cherrix Sr.

14. MOTHER'S MAIDEN NAME: Mary Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Belle R. Cherrix Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis — Interval Between Onset and Death: 10 Hrs.

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to July 23, 1951, that I last saw the deceased alive on July 23, 1951, and that death occurred at 1:30 A.m. from the causes and on the date stated above.

SIGNATURE: Robert L. LaMar (Degree or title) MD ADDRESS Snow Hill. DATE SIGNED 7-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF July 25/51; NAME OF CEMETERY OR CREMATORY Bates Methodist; LOCATION (City, town, or county) Snow Hill; (State) Md

DATE REC'D BY LOCAL REG. 7/24/51; REGISTRAR'S SIGNATURE A. Kelley Smith

24. FUNERAL DIRECTOR: Ellis Bloxsom; ADDRESS Snow Hill, Md

105

RECEIVED
JUL 31 1951
BUREAU

07538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H. (Last) Conklin
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 7-1871
9. AGE last birthday 80/1/10 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY House Painter
11. BIRTHPLACE (State or foreign country) Stockton
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George W. Conklin
14. MOTHER'S MAIDEN NAME Josephine Ewell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Lillie C. Conklin Stockton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Tongue — INTERVAL BETWEEN ONSET AND DEATH 1 yr

141X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

45b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 17, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 11.30 A.m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) Mxl ADDRESS Snow Hill Md DATE SIGNED 7/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 20/51
NAME OF CEMETERY OR CREMATORY Trinity Chapel
LOCATION (City, town, or county) Stockton, (State) Md

DATE REC'D BY LOCAL REG. July 20, 1951
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Alary Emmis Snow Hill ADDRESS Md

564 2x6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1951
BUREAU V. S.

07539

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) Fletcher (Last)
4. DATE OF DEATH (Month) July (Day) 8 (Year) 1951

5. SEX Female
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Dec 4th 1887
9. AGE last birthday 63 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? Ag do

13. FATHER'S NAME Joseph Wharton
14. MOTHER'S MAIDEN NAME Bulah Waters - New Church Va
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Beulah Waters - New Church, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) A. Myocarditis	3 weeks
431X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophy of Heart	10 yr
95c	(c) Pneumonia in Mch 1950	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1951, to July 7, ~~19~~ 51, that I last saw the deceased alive on July 7th 1951, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE N. E. Sartorius (Degree or title) ADDRESS Pocomoke City Md DATE SIGNED 7-10-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-11-51
NAME OF CEMETERY OR CREMATORY Withams Cem.
LOCATION (City, town, or county) Withams (State) Va.

DATE REC'D BY LOCAL REG. July 11, 1951
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Edgar Whanton - New Church, Va. ADDRESS

220826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1951
BUREAU V.

07540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin
STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Franklin

4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1951

5. SEX Female
6. COLOR OR RACE A. A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 3 - 17 - '92
9. AGE last birthday 59 yrs. If under 1 year Months 3 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY General Housework
11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Jones
14. MOTHER'S MAIDEN NAME Mary Smack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Laura Powell, Berlin, Md. Route #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy.

334X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

63b

(c) Hyperthyroidism

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/40, 19..., to 7/12/51, 19..., that I last saw the deceased alive on 7/10/51, 19..., and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clifford E. Schott M.D. Berlin Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-15-'51
NAME OF CEMETERY OR CREMATORY Germantown Cemetery
LOCATION (City, town, or county) (State) Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG. 7-15-51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md.
ADDRESS

720876

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

07541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark R.F.D.
STREET ADDRESS (If rural, give location): No st.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Wilmer (Last) Halston
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 20, 1879
9. AGE last birthday: 72 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Former Hes ... farm.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newark
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William Halston
14. MOTHER'S MAIDEN NAME: Hester Payne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Eva L. Halston, Newark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis — 36 hour

4/20.1 Antecedent cause(s) (b) Coronary Heart Disease

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Dislocated Intervertebral Disc - 3-4th Lumb. 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1956, to 19 July, 1951, that I last saw the deceased alive on 19 July, 1951, and that death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE: Herman A. Robbins (Degree or title) MD — ADDRESS: Bay St. Berlin, Md — DATE SIGNED: 7/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 22, 1951 — NAME OF CEMETERY OR CREMATORY: Newark — LOCATION (City, town, or county): Newark (State): Md.

DATE REC'D BY LOCAL REG.: 7-24-51 — REGISTRAR'S SIGNATURE: Leroy Smith — 24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville Md

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 24 1958
BUREAU T. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07542

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girdletree — LENGTH OF STAY (in this place): 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girdletree, md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) M. (Last) HUDSON
4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1951
5. SEX: Female FEMALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 30 1870
9. AGE last birthday: 80/9/90 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Girdletree, md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Parker Selby
14. MOTHER'S MAIDEN NAME: Margaret Rowley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Reginald S Hudson Girdletree, md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 1 day

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 15 yrs.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1950, to July 9, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 3:30 P m. from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title) LaMar MD — ADDRESS: Snow Hill — DATE SIGNED: 7-9-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 12/51 — NAME OF CEMETERY OR CREMATORY: Mrs Hill — LOCATION (City, town, or county): Girdletree, (State) md

DATE REC'D BY LOCAL REG.: 7/10/51 — REGISTRAR'S SIGNATURE: LeDoy Smith — 24. FUNERAL DIRECTOR: Clay Ohmmis Snow Hill, md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07543

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS Vine St (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Wray (Middle) Thomas (Last) Hudson
4. DATE OF DEATH (Month) July (Day) 4th (Year) 1951
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec 1911
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver
10b. KIND OF BUSINESS OR INDUSTRY Feed business
11. BIRTHPLACE (State or foreign country) Bishopsville Md
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Timothy Hudson
14. MOTHER'S MAIDEN NAME Phoebe Bunting
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) No
16. SOCIAL SECURITY No. 217-05-5110
17. INFORMANT AND ADDRESS Mattie B. Hudson Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide by firearm — (Rifle) Immediate

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Quarrel with his wife

164C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Garden (CITY OR TOWN) Berlin (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) July (Day) 4 (Year) 1951 (Hour) 3 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Deceased Shot himself with a rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Dastoumis (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 7/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 9, 1951
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 7-9-51
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR M. Pasha Watson ADDRESS Selbyville Md.

683-409

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 11 1951
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07544

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH · COUNTY: Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke — LENGTH OF STAY (in this place): 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cedar Hall Rd	STREET ADDRESS (If rural, give location): Cedar Hall Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Goldsborough Hurley			4. DATE OF DEATH (Month) (Day) (Year): July 16, 1951 19		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower	8. DATE OF BIRTH: Dec 18 1879	9. AGE last birthday: 71 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY: Agriculture	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Henry S. Hurley		14. MOTHER'S MAIDEN NAME: Julia Hall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Mrs James Parsons, Pocomoke, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia

522X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Passive Congestion of Lungs

111C (c) Post Paralytic with General debility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1951, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 10 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. E. Sartorius Pocomoke City Md 7/16/1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 7/18/51	NAME OF CEMETERY OR CREMATORY: Salem ME Cemetery	LOCATION (City, town, or county) (State): Pocomoke, Md.
DATE REC'D BY LOCAL REG.: July 18, 1951	REGISTRAR'S SIGNATURE: Anne E. White	24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07545

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City, Md
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS N 2nd St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location) 700 Oakford Ave #9

3. NAME OF DECEASED (Type or Print) (First) Nathaniel (Middle) Willard (Last) Kirkpatrick

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 13, 1895

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate

10b. KIND OF BUSINESS OR INDUSTRY Real Estate

11. BIRTHPLACE (State or foreign country) Dayton Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME N. W. Kirkpatrick

14. MOTHER'S MAIDEN NAME Harriett Pruden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1918

16. SOCIAL SECURITY No. ?

17. INFORMANT AND ADDRESS Elizabeth Gillian

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	5 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis, angina etc	8 years
94a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Townsend, Jr. (Degree or title) MD ADDRESS Ocean City, Maryland DATE SIGNED July 5, 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 9, 1951

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Dayton Ohio (State)

DATE REC'D BY LOCAL REG. 7-5-51

REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna D. Burbage ADDRESS Berlin Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUL 9 1951
BUREAU. V. S

07546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester, Stockton R7D2 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) R7D #2

3. NAME OF DECEASED (Type or Print) (First) Jerry (Middle) Richard (Last) Marshall

4. DATE OF DEATH (Month) 7th (Day) 12th (Year) 1951

5. SEX male | 6. COLOR OR RACE color | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH July 16th 1950 | 9. AGE last birthday 1 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Stockton, Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Garfield Marshall | 14. MOTHER'S MAIDEN NAME Hattie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Encephalitis — 1 year

343X Antecedent cause(s)

80b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from date of birth

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1951, to July 12, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE E. Ditcher M.D. (Degree or title) | ADDRESS Mess Chuck Co. | DATE SIGNED 7-12-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE July 13 1951 | NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | LOCATION (City, town, or county) Near Westover (State) Md

DATE REC'D BY LOCAL REG. 7/14/51 | REGISTRAR'S SIGNATURE Mary M Taylor | 24. FUNERAL DIRECTOR Irvin Bennett | ADDRESS Stockton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1951
BUREAU V. S.

07547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Wascester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1 — LENGTH OF STAY (In this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wascester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): Dave (Middle): O. (Last): Martin
4. DATE OF DEATH (Month): July (Day): 10 (Year): 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 17/1879
9. AGE last birthday: 72/0/23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Omar Martin
14. MOTHER'S MAIDEN NAME: Ellen Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Willie E Martin Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerosis c̄ Hypertension — unknown

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage — 1 mo

83a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/51, 19....., to 7/10/51, 19....., that I last saw the deceased alive on 7/9/51, 19....., and that death occurred at 9.05 A m., from the causes and on the date stated above.

SIGNATURE: Dave Cohen (Degree or title) — ADDRESS: Snow Hill Md — DATE SIGNED: 7/11/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: July 13/51 — NAME OF CEMETERY OR CREMATORY: Mt Wesley — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 7/12/51 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Delay E Timmis — ADDRESS: Snow Hill Md

100108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07548

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Pocomoke
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Worcester
STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Pocomoke, Md.
STREET ADDRESS (If rural, give location): Pocomoke City, Md.

3. NAME OF DECEASED (Type or Print): (First) Judson (Middle) H. (Last) Mason Jr.

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 10, 1881

9. AGE last birthday: 70 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farmwork

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Judson Mason Sr.

14. MOTHER'S MAIDEN NAME: Ace ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Martha Schoolfield Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	1 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria-sclerotic Cardia-	several yrs.
422.1 93d	(c) Vascular Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to July 16, 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Louis H. Llewellyn M.D. ADDRESS: Pocomoke, Md. DATE SIGNED: 7/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 19, 1951

NAME OF CEMETERY OR CREMATORY: Wattsville

LOCATION (City, town, or county) (State): Wattsville Va.

DATE REC'D BY LOCAL REG.: July 19, 1951

REGISTRAR'S SIGNATURE: Anne E. Phelps

24. FUNERAL DIRECTOR: Edgar Wharton

ADDRESS: New Church, Va.

S 20105

RECEIVED
JUL 23 1951
BUREAU V. S.

07549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1 — LENGTH OF STAY (In this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill Rural #1
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) R. (Last) Massey Sr.
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15/1877
9. AGE last birthday: 74/3/23 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Newark, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Massey
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mr Paul R. Massey Jr. Pocomoke City, Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	1 yr.
	(c)	

422.2

Be

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15, 1951, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE: Roberta La Mar (Degree or title) M.D. — ADDRESS: Snow Hill — DATE SIGNED: 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: July 10/51 — NAME OF CEMETERY OR CREMATORY: Whatcoat Methodist — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 7/10/51 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Allen C. Timmis — ADDRESS: Snow Hill, Md

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALL

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ocean City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Atlantic Ocean.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] — COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ayres
STREET ADDRESS (If rural, give location) 212½ N. Warren St.

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Fawn (Last) Farr (Tarr)
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	W	Married	Dec 24 1904	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineman (Maintenance)
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Greenburg Pa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman L. Farr
14. MOTHER'S MAIDEN NAME: Edna Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs Russell Farr (wife of Deceased)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental drowning — Few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probably Heart attack

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was attempting rescue of daughter

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) Ocean City — (COUNTY) Worcester — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Arthur E. Antonius M.D. — ADDRESS 1st National Bank Bldg Pocomoke MD — DATE SIGNED 7/19/51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF July 23, 1951 — NAME OF CEMETERY OR CREMATORY Memorial Park — LOCATION (City, town, or county) Stevens Twp (State) Pa

DATE REC'D BY LOCAL REG. July 20, 1951 — REGISTRAR'S SIGNATURE Helen F. Hayward — 24. FUNERAL DIRECTOR Anne A Burbage — ADDRESS

VS. A15A

6-20-98

RECEIVED
JUL
BUREAU V. S.

07551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Washington (Middle) Angelo (Last) Tatman
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 17-1867
9. AGE last birthday 84/4/14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY House Carpenter
11. BIRTHPLACE (State or foreign country) Stockton, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr Richard L. Tatman Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	1 day
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Previous Cerebral Vascular Accidents	2 yrs
134a	(c) Hypertensive Cardiovascular disease	5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Inguinal Herniae and Renal Calculi — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to July 31, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 7:30A m. from the causes and on the date stated above.

SIGNATURE Robert L. La Mar, (Degree or title) M.D. ADDRESS Snow Hill DATE SIGNED 7/31/51

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 2/51
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 8/1/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay E Dennis Snow Hill ADDRESS Md

510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

~~Funeral Wed 2 30 P.M. Aug 1/51 Residence~~

~~Rev S. E. Wimbrow & Dr. Jacobs~~

~~Harris Carddry~~

~~Thomas Carddry~~

~~Howard Carddry~~

~~George Carddry Jr.~~

~~Robert Carddry~~

~~Marion Brown~~

RECEIVED
AUG 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07552

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lynwood (Middle) (Last) Taylor
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1951

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 17-1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Girdletree Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Taylor
14. MOTHER'S MAIDEN NAME Mary Colis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Clarence Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning - Accidental — 1½ days

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drinking

183

(c) Spent part of his wages pay for alcoholics every weekend

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) Worc (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. H. E. Bastorius (Degree or title) Dep Med Exam
ADDRESS Pocomoke City Md
DATE SIGNED 7/30/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 30/51
NAME OF CEMETERY OR CREMATORY Coolspring
LOCATION (City, town, or county) Girdletree, Md (State)

DATE REC'D BY LOCAL REG. 7/30/51
REGISTRAR'S SIGNATURE L. Ray Smith
24. FUNERAL DIRECTOR Alay Emmis Snow Hill Md
ADDRESS

840105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14A

RECEIVED
AUG 2 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

07553

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural
LENGTH OF STAY in this place? 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ill COUNTY Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chicago
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) J (Last) Thume
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 31 - 1889
9. AGE last birthday 61/6/14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY Own Shop
11. BIRTHPLACE (State or foreign country) Toronto South Dakota
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mr Gerald C. Thume Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Vascular Accident	2 wks
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension and Arteriosclerosis	15 yrs
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to July 15, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE Lee Ble La Mar (Degree or title) MD ADDRESS Snow Hill DATE SIGNED 7/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 18/51
NAME OF CEMETERY OR CREMATORY Bates Methodist
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 7/18/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay Bunnis, Snow Hill Md ADDRESS

740849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

07554

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 109 Talbert St.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Warren (Last) Vincent
4. DATE OF DEATH (Month) July (Day) 23, (Year) 1951 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 1, 1924
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man
10b. KIND OF BUSINESS OR INDUSTRY Light & Power
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Roger F. Vincent, Sr.
14. MOTHER'S MAIDEN NAME Leta F. Bonneville

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY No. 214-18-4315
17. INFORMANT AND ADDRESS Roger F. Vincent, Sr., Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

935.3 Immediate cause (a) Electrocution: Lightning arc, Immediate

192 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) while repairing high tension wire

(c) on pole.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road (CITY OR TOWN) Bishopville, (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 23, 1951 7:15 P.M.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Struck by lightning while repairing high tension wire

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hermanle Lobbies, (Degree or title) Md. ADDRESS 5 Bay St, Berlin Md DATE SIGNED 7/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/26/51
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REG. 7-28-51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Henry H. Watson, ADDRESS Pocomoke, Md.

970586

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 30 1951
BUREAU V. S.

Item [illegible] 134 7/18/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07555

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Wor. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (In this place) 1 month.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1207 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 20 Aigburth Rd.

3. NAME OF DECEASED (Type or Print) (First) Weathers (Middle) Wilmer (Last) Burton Weathers
4. DATE OF DEATH (Month) July (Day) 3 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)
8. DATE OF BIRTH Feb 21, 1898
9. AGE last birthday 53 ~~54~~ yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor
10b. KIND OF BUSINESS OR INDUSTRY Electrical
11. BIRTHPLACE (State or foreign country) Indianapolis Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Leif Weathers
14. MOTHER'S MAIDEN NAME Mae — — (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1918-1919
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. W.B. Weathers. 20 Aigburth Rd Ocean City Md Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis.	5 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary sclerosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hammond Jr (Degree or title) MD. ADDRESS Ocean City, Maryland DATE SIGNED July 3, 51.

23. BURIAL CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 7/8/51
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Baltimore (State) Md

REG. REC'D BY LOCAL 7-4-51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Anne D. Burbage ADDRESS Berlin Md

290558

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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